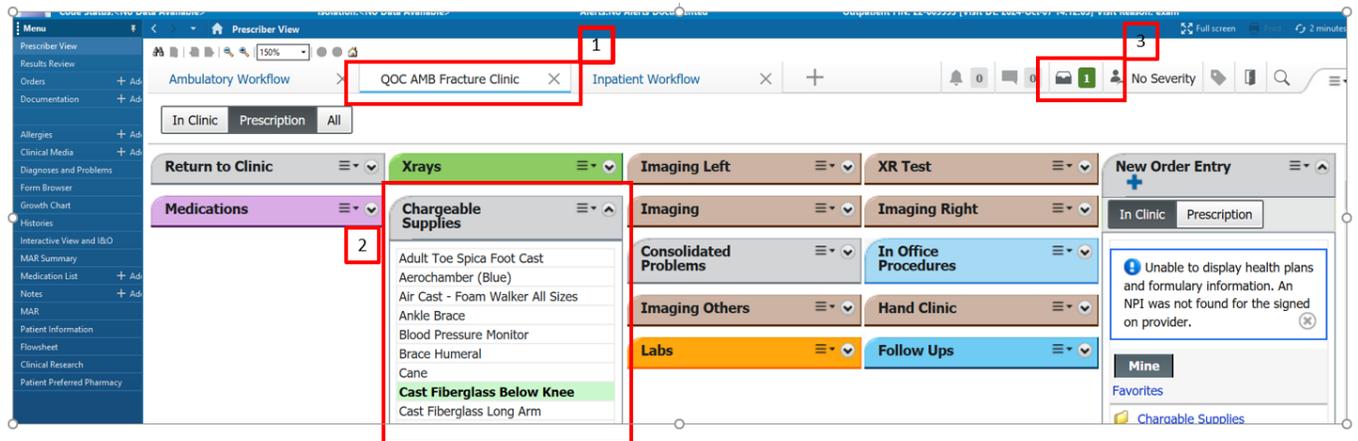


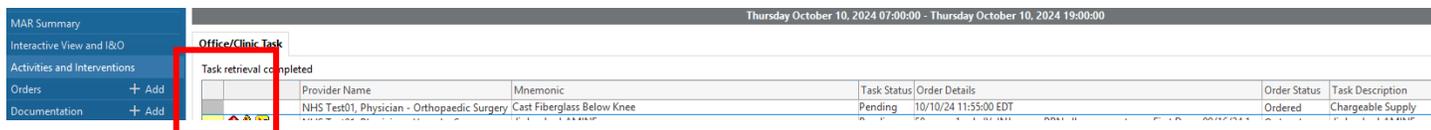
### DME: CHARGEABLE SUPPLIES

#### Ordering DME: Chargeable Supplies

1. Physician will navigate to Quick Order Fracture M-Page
2. Click on the supply that is to be order.
3. Click on the green shopping cart to get to the orders for signature page. Click sign.

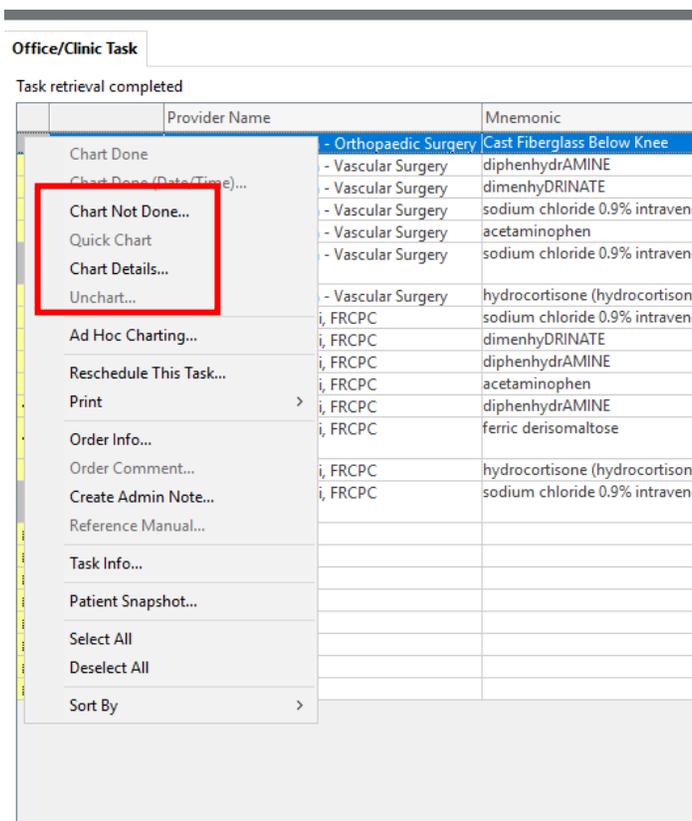


- The Clinician (ie: Ortho Tech) will see the supply on the activities and interventions component on the table of contents.
- Right Click in the grey box beside the supply (see below)



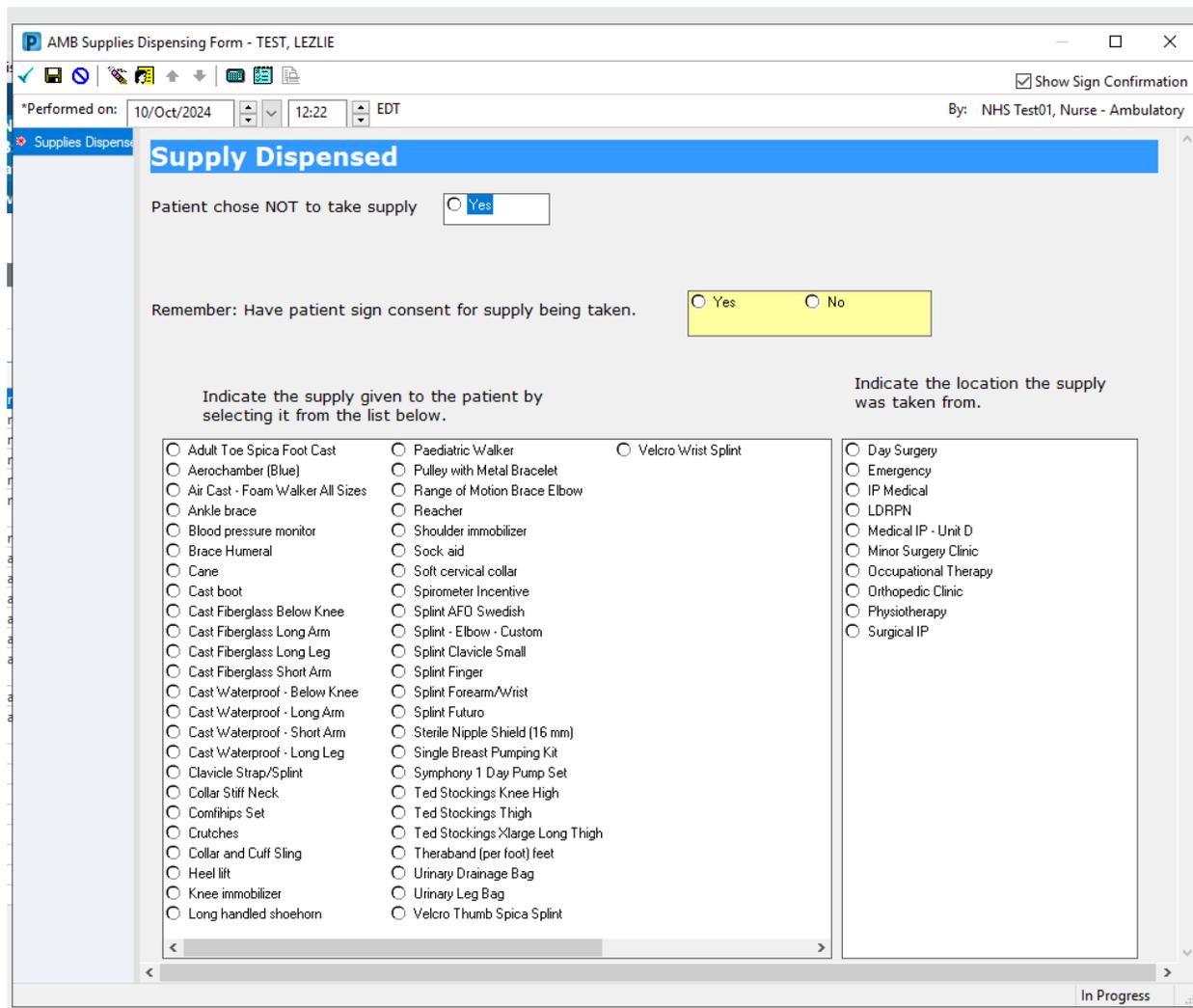
Thursday October 10, 2024 07:00:00 - Thursday October 10, 2024 19:00:00						
Office/Clinic Task						
Task retrieval completed						
	Provider Name	Mnemonic	Task Status	Order Details	Order Status	Task Description
	NHS Test01, Physician - Orthopaedic Surgery	Cast Fiberglass Below Knee	Pending	10/10/24 11:55:00 EDT	Ordered	Chargeable Supply

- Click on chart details and the power form for AMB Supplies Dispensing will open up.



Office/Clinic Task		
Task retrieval completed		
	Provider Name	Mnemonic
Chart Done	- Orthopaedic Surgery	Cast Fiberglass Below Knee
Chart Done (Date/Time)...	- Vascular Surgery	diphenhydrAMINE
Chart Not Done...	- Vascular Surgery	dimenhyDRINATE
Quick Chart	- Vascular Surgery	sodium chloride 0.9% intraven
Chart Details...	- Vascular Surgery	acetaminophen
Unchart...	- Vascular Surgery	sodium chloride 0.9% intraven
Ad Hoc Charting...	- Vascular Surgery	hydrocortisone (hydrocortison
Reschedule This Task...	i, FRPCPC	sodium chloride 0.9% intraven
Print	i, FRPCPC	dimenhyDRINATE
Order Info...	i, FRPCPC	diphenhydrAMINE
Order Comment...	i, FRPCPC	acetaminophen
Create Admin Note...	i, FRPCPC	diphenhydrAMINE
Reference Manual...	i, FRPCPC	ferric derisomaltose
Task Info...		
Patient Snapshot...		
Select All		
Deselect All		
Sort By		

- Complete the powerform and sign the power form with the green check mark at the top left hand corner (see powerform tip sheet for more information on filling out powerforms)



AMB Supplies Dispensing Form - TEST, LEZLIE

\*Performed on: 10/Oct/2024 12:22 EDT By: NHS Test01, Nurse - Ambulatory

**Supply Dispensed**

Patient chose NOT to take supply  Yes

Remember: Have patient sign consent for supply being taken.  Yes  No

Indicate the supply given to the patient by selecting it from the list below.

Indicate the location the supply was taken from.

<input type="radio"/> Adult Toe Spica Foot Cast <input type="radio"/> Aerochamber (Blue) <input type="radio"/> Air Cast - Foam Walker All Sizes <input type="radio"/> Ankle brace <input type="radio"/> Blood pressure monitor <input type="radio"/> Brace Humeral <input type="radio"/> Cane <input type="radio"/> Cast boot <input type="radio"/> Cast Fiberglass Below Knee <input type="radio"/> Cast Fiberglass Long Arm <input type="radio"/> Cast Fiberglass Long Leg <input type="radio"/> Cast Fiberglass Short Arm <input type="radio"/> Cast Waterproof - Below Knee <input type="radio"/> Cast Waterproof - Long Arm <input type="radio"/> Cast Waterproof - Short Arm <input type="radio"/> Cast Waterproof - Long Leg <input type="radio"/> Clavicle Strap/Splint <input type="radio"/> Collar Stiff Neck <input type="radio"/> Comiflips Set <input type="radio"/> Crutches <input type="radio"/> Collar and Cuff Sling <input type="radio"/> Heel lift <input type="radio"/> Knee immobilizer <input type="radio"/> Long handled shoehorn	<input type="radio"/> Paediatric Walker <input type="radio"/> Pulley with Metal Bracelet <input type="radio"/> Range of Motion Brace Elbow <input type="radio"/> Reacher <input type="radio"/> Shoulder immobilizer <input type="radio"/> Sock aid <input type="radio"/> Soft cervical collar <input type="radio"/> Spirometer Incentive <input type="radio"/> Splint AFO Swedish <input type="radio"/> Splint - Elbow - Custom <input type="radio"/> Splint Clavicle Small <input type="radio"/> Splint Finger <input type="radio"/> Splint Forearm/Wrist <input type="radio"/> Splint Futuro <input type="radio"/> Sterile Nipple Shield (16 mm) <input type="radio"/> Single Breast Pumping Kit <input type="radio"/> Symphony 1 Day Pump Set <input type="radio"/> Ted Stockings Knee High <input type="radio"/> Ted Stockings Thigh <input type="radio"/> Ted Stockings Xlarge Long Thigh <input type="radio"/> Theraband (per foot) feet <input type="radio"/> Urinary Drainage Bag <input type="radio"/> Urinary Leg Bag <input type="radio"/> Velcro Thumb Spica Splint	<input type="radio"/> Velcro Wrist Splint <input type="radio"/> Day Surgery <input type="radio"/> Emergency <input type="radio"/> IP Medical <input type="radio"/> LDRPN <input type="radio"/> Medical IP - Unit D <input type="radio"/> Minor Surgery Clinic <input type="radio"/> Occupational Therapy <input type="radio"/> Orthopedic Clinic <input type="radio"/> Physiotherapy <input type="radio"/> Surgical IP
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In Progress

- Have patient sign the patient consent form that they took the supply and consented to the charge (this process is not changing).
- The consent will be scanned into the patient chart by the person assigned to this responsibility. (see WQM tip sheet for scanning information).